



**Lucas County Family Council
By the Authority of the
Board of Lucas County Commissioners**

REQUEST FOR PROPOSALS

For the selection of contractor(s) for:

**TEEN PREGNANCY PREVENTION SERVICES:
Primary Prevention Programs**

**SFY 2006 & 2007
September 1, 2005 – June 30, 2006
July 1, 2006 – June 30 2007**

Issued by:

**Lucas County Family Council
One Government Center, Suite 580
Toledo, Ohio 43604**

Release Date: July 1, 2005

**Lucas County Family Council
Request for Proposals (RFP)
Teen Pregnancy Prevention
SFY 2006 & 2007**

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Lucas County Family Council & Teen Pregnancy Prevention

Teen pregnancy is a common reason young people fail to complete their education. Teen mothers are more likely to suffer ill effects from their pregnancies and experience higher rates of infant illness and death. Teen families formed by a pregnancy are more likely to be poor and to receive public assistance.

The purpose of the Teen Pregnancy Prevention Program is to significantly reduce initial teen and pre-teen pregnancies throughout Lucas County. The Lucas County Family Council (LCFC) locally administers and monitors these program dollars for the Lucas County Department of Job & Family Services. Funding for primary teen pregnancy prevention is made available through the Lucas County Department of Job and Family Services (LCJFS).

LCFC is a collaborative body that was established in 1993 to focus on improving outcomes for the children and families of Lucas County. Council membership includes representation of all of the publicly funded youth and family serving systems as well as a broad representation of community service providers, family advocates, community leaders and parent representatives. The appointed Administrative Agent for the LCFC is the Board of Lucas County Commissioners.

What to Expect

Contact & Questions

Questions may be submitted directly to Carol Haddix, Lucas County Teen Pregnancy Prevention Coordinator, at haddixc@co.lucas.oh.us through 5:00 p.m. on Monday, July 11, 2005. All questions and answers will be posted on our website the week of July 11th at www.lucascountyfamilycouncil.org.

Letter of Intent

All providers planning on submitting a proposal ***MUST submit a Letter of Intent to apply that is postmarked no later than Friday, July 15, 2005.*** Proposals submitted without a letter of intent will not be considered for funding. NO EXCEPTIONS WILL BE MADE. Letter must include name of organization and intent to apply for funding, and sent to;

Lucas County Family Council
One Government Center, Suite 580
Toledo, OH 43604
ATTN: Jenn Hall

Or e-mail
jhall@co.lucas.oh.us

Review Process

LCFC staff, Council members and outside professionals will competitively review applications. Budgets will be reviewed to assure costs directly relate to the goals and objectives of the proposed project. LCFC may modify project budgets or provide partial funding. Funding recommendations are made by the Executive Director of LCFC for approval of the Lucas County Family Council then submitted to the Board of Lucas County Commissioners for final approval.

Award

A total of \$260,000 is available toward primary prevention services. Award notifications will be mailed to all approved projects. Before funding is received, a mandatory orientation session will provide grantees with the opportunity to meet with LCFC staff; review funding requirements; eligibility determinations; and, discuss effective grant management.

In-Kind Match

Each project is required to provide a 10% in-kind match. An explanation of how this in-kind match requirement will be met must be detailed in the budget statement section.

Evaluation

LCFC will consistently evaluate funded projects through quarterly site visits, quarterly performance reports, and outcome evaluations. Evaluation serves to determine the effectiveness of projects and continued funding.

Length of Funding and Availability of Funding

All projects may apply for 22 months of funding, operating from September 1, 2005 to June 30, 2007. Approved projects will receive a 10-month funding commitment, with an option for an additional 12 months based on continued availability of funds and project contractual compliance.

If during the Request for Proposals (RFP) process funds for the proposed services become unavailable, the RFP process will be cancelled. The Vendor will be notified at the earliest possible time. Neither Lucas County Family Council nor LCJFS are required to compensate the Vendor for any expenses incurred as a result of this RFP process.

Non-Supplanting of Funds

Program funds must be used to increase resources that are otherwise unavailable, and cannot supplant federal, state or local funds. Federal, State and local funds may not be decreased as a result of Teen Pregnancy Prevention Program funds.

Eligibility Requirements

PRC eligibility determination is required for teen pregnancy prevention programs.

Submission

Copies: Submit 1 original application with original signatures, and 7 additional copies. Submit all parts of the application at the same time.

Faxes: Do not fax any part of the application.

Deadline: Applications must be **received** at the office of the Lucas County Family Council by **5:00 pm on July 22, 2005**. **No proposals will be accepted after that time.** Mail or deliver applications to:

Lucas County Family Council
Attention: Teen Pregnancy Prevention RFP
One Government Center, Suite 580
Toledo, Ohio 43604

Proposal Cover

Proposal Cover must be completed, signed and submitted with proposal.
(Attachment A)

Letters of Participation

Current letters of participation from agencies involved with the proposed project, on official agency letterhead, should be included. These letters should specify how the organization would support the proposed project. Form letters lending generic project support are not useful.

- What role will the submitting organization take in the project?
- What resources will the submitting organization provide?
- What timeframe is the organization committed to during the project?

NOTE: Letters of participation are **required** from the school system(s) if the proposed program is to take place in school(s) and/or school data is a component of the project.

Proposal Format

Each narrative section of the proposal must address the following areas:

- ☐ Problem Statement
- ☐ Local Risk and Protective Factors
- ☐ Program Requirements
- ☐ Target Group
- ☐ Target Zip Code
- ☐ Project Description
 - Address each bulleted question (•) listed
- ☐ Program Outcomes and Evaluation Plan
- ☐ Timeline Activities
- ☐ Organization and Staff Capacity
- ☐ Required Forms (see attachments)
- ☐ Completed Budget

The narrative section of the proposal **must not exceed 14 pages**. Required forms, including budget pages and letters of participation, do not count as part of the 14-page total. Do not attach any additional pages. Proposals must be **single-sided, 12-point font, double-spaced, with one-inch margins**.

Problem Statement

Describe in detail, citing current research, the problem(s) or issue(s) to be addressed, and the impact it has had on the community. Be certain to include the local risk and protective factors identified in the following section. Clearly identify the behavior(s) the project will reduce or promote.

- What are the expected short and long-term consequences for the community if the problem is not solved?
- What supporting statistics or other data document this problem?

Local Risk and Protective Factors

Research indicates that specific risk and protective factors may affect adolescent sexual behavior, use of condoms and contraception, spread of sexually transmitted diseases, and pregnancy. Please identify the risk and protective factors from the list below that the project would address. Include these risk and protective factors in the **project description**. In the project description, please explain how the proposed program would mitigate or support any one or more of the following:

- ☐ Community disadvantage and disorganization
- ☐ Structure and economic advantage of the teenagers' families
- ☐ Positive family dynamics and attachment
- ☐ Family attitudes about and modeling of sexual risk-taking and early childbearing
- ☐ Peer attitudes and behavior
- ☐ Partner attitudes (i.e., partner support for condom and contraceptive use)
- ☐ Biological antecedents
- ☐ Attachment to and success in school
- ☐ Attachment to religious institutions
- ☐ Problem or risk-taking behaviors
- ☐ Emotional distress
- ☐ Characteristics of relationship with partners
- ☐ Sexual abuse
- ☐ Sexual beliefs, attitudes and skills.

Program Requirements

- A minimum of one parent meeting per quarter must be incorporated into the project curriculum.
- Completion of “Bridges Out of Poverty” one-day training is required by December 31, 2005. If staff has previously completed this training, please include documentation with your project proposal. Training will be regularly offered through the Lucas County Family Council and Lucas County Job and Family Services.

Target Groups

Please identify the age and gender group(s) your project will target. Note: We will not fund any project proposing to provide programming to students in Elementary School (i.e., K-5th grades). If the elementary school has a 6th grade, the grade is not eligible. However, if the Junior High School has a 6th grade, the grade is eligible.

- ☐ Junior High (6th, 7th & 8th)
- ☐ Early High School (Freshman & Sophomore)
- ☐ Late High School (Junior & Senior)
- ☐ Out of School Teens

☐ Girls only

☐ Boys only

☐ Co-ed

Target Zip Code Areas

Based on current teen pregnancy statistics, target zip codes with high occurrences of teen pregnancies in Lucas County have been identified as priority areas. Preference will be given to applicants who intend to address these target zip code areas with their project. The map on the following page depicts these priority zip code areas. Please discuss how your project will address needs in these priorities regions within Lucas County. Targeted zip codes: 43612, 43611, 43608, 43610, 43620, 43624, 43605, 43609, 43607, 43602, and 43604.

Project Description

Describe in detail the planned response to the issue(s) identified in the problem statement.

- Please describe the established evidence-based research, theory and/or best practices that support your program design.
- If selecting primary teen pregnancy prevention, please detail the project curriculum and demonstrate how it is age-appropriate for the target age group identified.
- Identify separately for each local risk factor selected the planned intervention or activity directed at changing the identified behavior thus reducing risk factors and promoting protective factors.

- A minimum of one parent meeting per quarter must be incorporated into the project curriculum. Please describe how these parent meetings will be incorporated into the proposed curriculum.
- Beyond quarterly parent meetings, how else will the program address parent education & involvement?
- Please estimate the number of parent contacts per quarter.
- What are the key components or activities of the response?
- What populations will be most impacted by the response?
- What resources are required to implement the response?
- What quality control is in place to monitor services?
- Describe the typical client to be served by your program.
- Discuss how the program will be sensitive to cultural diversity.

Program Outcomes and Evaluation Plan

The applicant must identify at least two program outcomes, with corresponding indicators, objectives, and baseline information that will further the goal of the Program Domain selected. Describe in detail the accomplishments or changes anticipated as a result of the proposed response to the identified problem.

Definitions

Goal:	Overall goal of the proposed program.
Program Outcome:	What is the expected change to the program participant? For example, students will improve their performance in math.
Outcome Indicator:	How do you intend to measure the outcome? Remember, one indicator may easily measure some outcomes while others may require multiple indicators to adequately measure the outcome.
Objective:	Specifies the degree and timeframe of change the program is aiming for in order to consider the program efforts to be successful. For example, at least 85% of all students enrolled in the program will pass the math proficiency exam by next year.
Baseline:	Number establishing starting point from which program projections will be made. For example, currently 60% of the targeted students pass the math proficiency exam.

Timeline and Activities

The timeline must reflect when the proposed activities will be performed during the project period. Timelines determine how reasonable it is for an applicant to achieve the proposed objectives in the time allotted. List activities by month.

- What activities will be performed during each month of the project?
- How will these activities help achieve the project goal and objectives?

Organization and Staff Capacity

Applicants must describe the composition, history and accomplishments of the organization and individuals responsible for implementing the project.

- What is the mission of the implementing organization?
- What noteworthy accomplishments has the organization achieved?

- Identify project staff and detail their training and experience with the proposed project.
- Who will oversee the fiscal components of this project?
- If volunteers are used, how will volunteers be recruited, screened, trained and supervised?

Vendor Disclosures

Vendors must provide a disclosure of any pending or threatened court actions and/or claims against the Vendor. This information may not cause rejection of the proposal but withholding the information may be cause to reject the proposal.

Conflict of Interest

No Vendor will promise, or give to any LCFC employee anything of value that could influence that employee's decision on awarding contracts. No Vendor shall attempt to influence an employee of LCFC to violate any procurement policies of LCFC, the Lucas County Board of County Commissioners, the Ohio Revised Code, the Ohio Administrative Code or Federal Procurement Regulations.

Insurance Requirements

If proposal specifications require performance of labor for Lucas County, seller must agree to indemnify and protect Lucas County against all liabilities, claims, or demands for injuries or damages to any person or property growing out of the performance of this contract, by seller, its servants, employee agents or representatives. Prior to issuance of contract, the successful Vendor must furnish an Insurance Carrier's Certificate showing that the seller has adequate worker's compensation, public liability, and property damage insurance coverage.

Taxes

Lucas County does not pay local, state or Federal taxes. If requested, the successful Vendor will be furnished with an exemption certificate.

Compliance with the Law

The successful Vendor must agree to comply with all applicable Federal, state, and local laws in the conduct of the work specified in this RFP including applicable state and Federal laws regarding drug-free work places. The Bidder will be required to accept full responsibility for payment of all taxes and insurance premiums including, but not limited to; Unemployment Compensation insurance premiums, Workers' Compensation, all income tax deductions, Social Security Deductions, and any other tax or payroll deductions required for all employees engaged by the Bidder in the performance of the work specified in this RFP.

Vendors in receipt of federal funds from LCFC and any other sources, and who receive funds from all federal sources equal to or greater than \$500,000.00 are required to comply with federal rules as specified in Office of Management and Budget (OMB) Circular A-133 audit requirements. Circular A-133, Sub-report D, requires sub-recipients (Vendors) to permit LCFC and their auditors' access to records and financial statements for audit purposes.

Vendors are required to follow all federal, state and local procurement rules regarding the purchase of equipment, sub-contracting and program materials. LCFC will provide any necessary training to the Vendors regarding such rules. Funds distributed through this RFP are federal Department of Health and Human Services Temporary Assistance to Needy Families (TANF) funds. Procurement rules for Health and Human Services are located in Code of Federal Regulations (CFR) 45 74.41-74.48.

Termination for Default

Lucas County may terminate the contract at any time the Bidder fails to carry out its provision under the terms and conditions of the specified contract after issuance of a compliance notice. The Bidder will have thirty days after notice of required improvement to make necessary corrections. If, after such notice, the Bidder fails to remedy the conditions, Lucas County will issue an order to stop work immediately and terminate the contract without obligation.

Equal Opportunity Provisions Required

All Bidders must be willing to enter a contract containing the expressed language contained in Section 125.11 of the Ohio Revised Code, which requires the following:

Every contract for or on behalf of the state or any of its political subdivisions for the purchase of materials, equipment, supplies, contract of insurance, or services shall contain provisions similar to those required by Section 153.59 of the Revised Code in the case of construction contracts by which the Bidder agrees to both of the following:

That in the hiring of employees for the performance of work under the contract or any subcontract no Bidder or subcontractor shall, by reasons of race, color, religion, sex, age, handicap, national origin or ancestry, discriminate against any citizen of this state in the employment of a person qualified and available to perform the work to which the contract relates.

That no Bidder, subcontractor, or any person acting on behalf of any Bidder or subcontractor shall comment in any manner, discriminate against, intimidate, or retaliate against any employee hired for the performance of work under the contract on account of race, color, religion, sex, age, handicap, national origin or ancestry.

All Bidders who contract with the state or any of its political subdivisions for materials, equipment, supplies, contract of insurance, or services shall have a written affirmative action program for the employment and effective utilization of economically disadvantaged persons, as defined Section 122.71 of the Revised Code. Annually, each such Bidder shall file a

description of the affirmative action program and a progress report on its implementation with the Ohio Civil Rights Commission and the Minority Business Development Office established under Section 122.92 of the Ohio Revised Code.



**Lucas County Family and Children First Council
Wellness Program – Request for Proposals**

**Wellness Program
Proposal Cover Sheet**

APPLICANT ORGANIZATION (Funds sent here): ADDRESS: AGENCY TYPE: (CHECK ONE) Government _____ For-Profit _____ Not-for Profit (501(c)3) _____ Employer Identification Number (EIN): _____	IMPLEMENTING ORGANIZATION – IF DIFFERENT THAN APPLICANT ORGANIZATION (Delivers Services): <i>Check here if the same</i> _____ ADDRESS:
ADMINISTRATIVE CONTACT PERSON: TELEPHONE: FAX : E-MAIL:	PROGRAM/SERVICE CONTACT PERSON: TELEPHONE: FAX: E-MAIL:
AMOUNT REQUESTED: \$	

AGENCY INFORMATION CHECKLIST

- ☐ Delinquent Property Tax Affidavit – Attachment A (If Applicable)
☐ Non-Discrimination and Equal Employment Opportunity Affidavit – Attachment B
☐ Copy of Current Workers Compensation Certificate (Non-profit and For-Profit Organizations)
☐ Copy of Tax Exempt Status – Most recent IRS 990 form (If Applicable)
☐ Management letter from most recent audit. Date of most Recent Audit: _____
☐ Organization's Vision and/or Mission Statement (Attach)

Has the State Auditor's Office issued an unresolved finding for the recovery of funds against your agency? Yes _____ No _____ (Complete Affidavit – see Attachment C)

We certify to the best of our knowledge that data in this application is correct and this document has been duly authorized by the governing body of the Applicant. We further certify that if this application is approved, that said program/ service will be carried out in accordance with the current Ohio Children's Trust Fund Biennial State Plan. We further certify that if this application is approved, that said program/ service will be carried out in accordance with the contractual requirements presented by the Board of Lucas County Commissioner and the Lucas County Family and Children First Council.

SIGNATURE _____ INDIVIDUAL AUTHORIZED TO CONTRACTUALLY BIND THE PROPOSER'S ORGANIZATION	SIGNATURE _____ PROGRAM/SERVICE DIRECTOR
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NO FINDINGS FOR RECOVERY AFFIDAVIT

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND NOTARIZED

I _____, _____, _____
(NAME) (TITLE) (NAME OF COMPANY)
affirm that at the time that I submitted the bid for _____
(BID TITLE)
to the Board of Lucas County Commissioners on _____ that
(DATE)
_____ has / has no unresolved
(NAME OF COMPANY) (CIRCLE ONE)
finding for recovery from the State Auditor per Ohio Revised Code
Section 9.24.

**(If there is unresolved finding for recovery from the State Auditor ,
complete the following section)**

The amount of unresolved finding for recovery due the State Auditor is
_____ and unpaid penalties and interest are _____.
(AMOUNT) (AMOUNT)

(SIGNATURE)

(COMPANY)

(DATE)

Sworn to and subscribed before me this _____ day of, _____ 20____.

(SEAL)

(NOTARY)

My Commission Expires:

Lucas County Family Council Wellness Program Budget Instructions

NOTE: *Please be sure to review the Unallowable Expenses attachment prior to completing your budget.*

The following instructions are for the Wellness Program Proposal Budget. Please read carefully and complete the budget for your proposal. There are three key components to the budget and they are:

- WELLNESS SUMMARY PROGRAM BUDGET – high level view of budget
- SERVICE UNIT BUDGET – sub-budget for each discrete defined service unit
- WELLNESS SERVICE UNIT NARRATIVE BUDGET – a rationale for resources and activities that are proposed for each core service.

I. WELLNESS SUMMARY PROGRAM BUDGET (SPB)

Though the Summary Program Budget should be at the front of the budget it should be the last part of the budget that you complete.

- A. Total Program Budget By Category** – This reflects the total cost for all services to deliver this program broken down by each budget category on the face of the Service Unit Budget (SUB). These categories are Staff Costs, Operational Costs (that includes both direct and indirect costs) and Equipment Costs. So, if you have three core services and completed SUB's, then Staff Costs on the SPB should be the sum of the three SUB's.
- B. Total Budget by Defined Service Units** – This reflects the total cost of delivering this program broken down by core defined services, and units projected times unit rate. The sum of the budgets for each of the defined core services must add up to the total program budget.
- C. Total Forecasted Number Of Youth To Be Served By The Program** – This is an estimate of the total number of youth (unduplicated) to be served by the program over the course of the fiscal year.

II. SERVICE UNIT BUDGET (SUB)

In order to better show the relationship between the utilization of resources and execution of the proposed program, you will need to complete a SUB for each discrete core service that makes up the proposed program. If a program proposes to do mentoring, class-based curriculum, and home visits, three SUB's would be required (one for each core service.) Each core service may involve a number of activities and steps. If you have more than one core service being delivered in a venue (with an SUB for each core service) you will need to estimate of the resources dedicated to each.

SUB – FACE SHEET: The only information that you need to add to the Face Sheet is the name of the defined core service and the total number of units projected to be delivered.

STAFF COSTS

I.A. Salaries: Document each position that will be ***directly involved in the delivery of this service***, the number of persons in that position, total annual salary (cumulative total if more than one person in the position), hours per week, and percent of time dedicated to the Program. Based on this information the reimbursable salary is automatically calculated.

I.B. Payroll Related Expenses: Include the totals on each relevant payroll expense cumulative for all the staff attributed to this project. For instance if you have eight staff members that have a total of \$40,000 paid annually for Hospitalization then enter the full \$40,000. After entering the amount enter the total percent of time of all eight staff that is attributable directly to this project. The amount of payroll related expenses to be included in this budget is then automatically calculated.

I.C. Consultant Fees: List the type of consulting and describe in detail the function(s) performed, e.g., Facilitator to facilitate bringing group to consensus on key service strategies. Failure to describe in detail the function(s) performed by the consultant may result in the immediate disqualification of the proposal.

The applicant cannot subcontract or pay consultant fees for more than 25% of requested amount for the proposed program nor can the subcontract/consultant fee exceed \$75,000. Enter the percent to be included in your service budget.

NOTE- If the consulting is related to the implementation of the overall program rather than it core services then just spread the cost across all SBU's, e.g., a nationally known speaker is suppose to come and talk about the merits of pregnancy prevention programs and best practices for \$6,000 and you have 3 SBU's. Then include \$2,000 on each SBU's budget.

OPERATIONAL COSTS

II.A. Travel: Include any projected travel costs related to the service, e.g., field trips, home visits, meetings, and any training. If there is training that applies to the whole program and not just a discrete part then allocate across all defined core services. ***Please note that the mileage rate is base on the federal allowable mileage rate.***

II.B. Consumable Supplies: Include any projected need for consumable supplies that are directly related to the implementation of the defined core service.

II.C. Occupancy Costs: These are occupancy costs directly related to the operation of the service, e.g., direct staff office space, space where the service is implemented. This should not include indirect occupancy costs that reflect occupancy for administrative staff.

II.D. Insurance Costs: Insurance cost Incurred to operate this program

II.E. Indirect/Administrative Costs: This should include allocation of indirect cost to this core service that reflect the cost of support to sustaining this service. Examples of indirect costs – Executive staff, accounting, human resources, information technology. Indirect Costs cannot exceed 10% of total service expenditures over the course of the fiscal year.

II.F. Other Miscellaneous Costs: This should include any additional direct cost that are not covered anywhere else in the budget.

III. EQUIPMENT

III.A. Equipment Subject to Depreciation: This would include any equipment at or above \$5,000. NOTE: Equipment purchases in excess of \$5,000 must have pre-approval from the Lucas County Family Council. Part A and Part B include a schedule of equipment information and depreciation charges.

III.B Small Equipment Purchases: This would include any equipment purchases below \$5,000, e.g., computers, printers, etc.

III.C Leased and Rented Equipment: Account for all projected leased or rented equipment related to carrying out this service.

III.D. Equipment Repair and Maintenance: Account for all projected equipment repairs or maintenance.

IV. TOTAL INCOME FOR BUDGET PERIOD – Since many programs/services rely on multiple funding streams to support and fund the program/service. We would like to have a full picture of the total funding for both the proposed core service and the agency as a whole.

WELLNESS SERVICE UNIT NARRATIVE BUDGET (SUNB)

The SUNB must be completed for each SUB that is completed. When assembling your budget for the proposal packet you should have an SUNB in front of each SUB. The SUNB is designed to give us a fuller picture of what each core service is, how resources are used to support it, and how the implementation of this service supports the overall goals/objectives of the program.

- A. **Service Unit Name:** What are you going to call the service unit, e.g., Home Visiting, Recreation, Mentoring, etc.
- B. **What Constitutes a unit of service:** What equals 1 unit of service, e.g., an hour, event, activity. If using a time period such as an hour, specify the smallest increment you would be invoicing for, e.g., ½ hour, 15 minutes, 10 minutes?
- C. **Description of Service Unit (Include Key Activities):** Give a description of the key activities that occur when this service unit is delivered.
- D. **Total Proposed Budget for Service:** For each budget category list the total amount from your SUB for that area and then a rationale for the resources you are proposing in your SUB for that category – you do not need to justify each line item under the category but just the overall amount for the category and line item detail only to support your rationale.
- E. **Briefly Describe how this service supports the overall program goals/objectives in your proposal:** Give a brief description to support how this service contributes toward the over program goals/objectives.

Unallowable Costs: Funds may not be used for the following:

Use of grant funds for prohibited purposes will result in the loss or recovery of those funds. Funds may not be used for the following:

- To advance political or religious points of view, or for fund raising or lobbying, but must be used solely for the purpose specified in this announcement
- To disseminate factually incorrect or deceitful information
- Consulting fee for salaried program personnel to perform activities related to grant objectives
- Bad debts of any kind
- Lump sum indirect or administrative costs
- Contributions to a contingency fund
- Entertainment (e.g., the organization paying for entertainment for the CEO)
- Fines and penalties
- Interest or other financial payments
- Contributions made by program personnel
- Costs to rent equipment or space owned by the funded agency;
- Inpatient services
- The purchase or improvement of land; the purchase, construction, or permanent improvement of any building
- Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds
- Contracts, for compensation, with advisory board members
- Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants.

Audit

An independent audit must be completed no later than nine months after the end of the agency's fiscal year. Sub-grantees that have an agency fiscal year that ends on or after January 1, 2004 that expends \$500,000 or more in Federal awards in its fiscal year are required to have a single audit. The fair share of the cost of the single audit is an allowable cost to Federal awards provided that the audit was conducted in accordance with the requirements of OMB Circular A12 02/27/04 133. Sub-grantees that have an agency fiscal year that ends on or after January 1, 2004 that expend less than the \$500,000 threshold require a financial audit conducted in accordance with Generally Accepted Government Auditing Standards (\$300,000 for fiscal years ending on or before December 31, 2003). The financial audit is not an allowable cost to the program. A copy must be sent to the Lucas County Family Council within 30 days after the completion of the Audit. Send to Lucas County Family Council, One Government Center Suite 580, Toledo, Ohio 43604. Reference OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations for additional audit requirements.

Lucas County Family Council
Wellness Summary Program Budget – State Fiscal Year 2006

ORGANIZATION:

PROGRAM NAME:

A. TOTAL PROGRAM BUDGET BY CATEGORY:

Budget Category	Total Amount
Staff Costs	
Operational Costs	
Equipment Costs	
Total Costs	

B. TOTAL BUDGET BY DEFINED SERVIC UNITS:

Defined Service Unit	Units Projected	Unite Rate	Total Amount
Total Amount			

C. TOTAL FORCASTED NUMBER OF YOUTH IN TO BE SERVED BY PROGRAM:

Lucas County Family Council
Wellness Service Unit Narrative Budget – State Fiscal Year 2006

******* COMPLETE FOR EACH DEFINED SERVICE UNIT *******

A. SERVICE UNIT NAME:

B. DESCRIPTION OF SERVICE UNIT (Include key activities/events):

C. TOTAL PROPOSED BUDGET FOR SERVICE:

a. **TOTAL SERVICE BUDGET AMOUNT:**

b. **STAFF COSTS:**

RATIONALE:

c. **OPERATIONAL COSTS:**

RATIONALE:

d. **EQUIPMENT:**

e. ***RATIONALE:***

**D. BRIEFLY DESCRIBE HOW THIS SERVICE SUPPORTS THE OVERALL
PROGRAM GOALS/OBJECTIVES IN YOUR PROPOSAL:**

SERVICE UNIT BUDGET FACE SHEET

I. Staff Costs	Estimated Costs
A. Salaries	0.00
B. Payroll Related Expenses	0.00
C. Consultation Fees	0.00
Total Staff Costs	0.00

II. Operational Costs

A. Travel	0.00
B. Consumable Supplies	0.00
C. Occupancy	0.00
Rent	0.00
Building Depreciation	0.00
Maintenance and Repairs	#REF!
Utilities	#REF!
D. Insurance	0.00
E. Indirect Costs	0.00
F. Other - Miscellaneous	0.00
#REF!	\$0.00
#REF!	\$0.00
#REF!	\$0.00
#REF!	\$0.00
Total Operational Costs	0.00

III. Equipment Costs

A. Equipment Subject to Depreciation	0.00
B. Small Equipment Purchases	0.00
C. Leased and Rented Equipment	0.00
D. Equipment Repair and Maintenance	0.00
Total Equipment Costs	0.00

Total Budget for Contracted Service	0.00
Total Number of Units Projected to Deliver	
Unit Rate	

I. A. SALARIES

Position Title	Num. of Positions Required	Total Annual Salary	Hours Per Week	Percent of Time to Program	Reimbursable Salary
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
Total Salaries	0	0.00			0.00

I.B. PAYROLL RELATED EXPENSES

	Amount
Social Security	0.00
Worker's Compensation +	600.00
Unemployment Insurance	0.00
Retirement Expense	0.00
Hospitalization	0.00
Other (Itemize)	0.00
Medicare	0.00
Disability	0.00
Life Insurance	0.00
Dental	0.00
Subtotal	0.00
% of Staff Time on to deliver this service	
Total Payroll Related Expenses	0.00

I.C. CONSULTATION FEES

Function Performed	Fees	Percent to Contract Services	Fees to Contract
		100.0%	0.00
		100.0%	0.00
		100.0%	0.00
Total Consultation Fees			0.00

II.A. TRAVEL

Agency Vehicle Expenses:			Amount
A. Gasoline and Oil			
B. Vehicle Repair			
C. Vehicle License			
D. Vehicle Insurance			
E. Other			
Mileage Reimbursement @	40.5	per mile	
Conferences, Meetings, etc.			
Purchased Transportation			
Total Travel			0.00

II.B. CONSUMABLE SUPPLIES

	Amount
Food	
Less USDA (Enter Negative)	
Kitchen Supplies	
Office Supplies	
Cleaning Supplies	
Medical Supplies	
Program Supplies	
Other (Specify) - Program Brochure	
Camera, film, laminating, cassette tapes	
Total Consumable Supplies	0.00

II.C. OCCUPANCY COSTS

Program Square Footage	Provider Square Footage	Program Sq Footage Percentage	Rent Expense Per Square Foot	Program Rent Expense
				0.00

Annual Rate of Depreciation (Decimal)	Original Building Acquisition Cost	Provider Annual Depreciation	Program Sq Footage Percentage	Program Depreciation Expense
		0.00	0.0%	0.00

Maintenance and Repairs	Utilities (if not included in rent)			Total Maint, Repairs, and
	Heat and Light	Telephone	Water	
				0.00

Total Occupancy Expenses	0.00
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II.D. INSURANCE COSTS

Liability	Property	Accident	Other	Total Insurance Expenses
				0.00

II.E. INDIRECT/Administrative COSTS

Direct Staff Program Costs (Salaries)	Total Provider Direct Staff Costs	% Indirect Cost Pool Applicable to Program	Provider Indirect Cost Pool	Indirect Costs For Contracted Services
				0.00

II.F. OTHER MISCELLANEOUS COSTS

Identify Miscellaneous Costs:	Amount
Total Miscellaneous Costs	0.00

III.A. EQUIPMENT SUBJECT TO DEPRECIATION

(Depreciation of any Item or Group of Items Exceeding a Cost of \$5,000)*

Part A - Equipment Information

Item Num	Equipment to be Depreciated	New or Used	Purchase Date	Quantity	Total Actual Cost	Salvage Value
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

* Provider must submit request for approval to purchase any equipment at or above \$5,000

Part B - Depreciation Charges

Item Num	Equipment to be Depreciated	Amount to be Depreciated	Useful Life (Years)	Chargeable Annual Costs	% Use for Program	Applicable Annual Depreciation
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total Equipment Depreciation Charges						0.00

0.00 per month

III.B. SMALL EQUIPMENT PURCHASES

(Equipment Costing Under \$5,000)

Item	Quantity	Total Cost	Percent to Program	Net Charges
Total Small Equipment Purchases				0.00

III.C. LEASED AND RENTED EQUIPMENT

Equipment	Model & Year	Quantity	Lease or Rent Charge	Percent to Program	Net Charges
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
Total Leased and Rented Equipment					0.00

III.D. EQUIPMENT REPAIR AND MAINTENANCE

Item of Equipment	Total Cost	Percent to Program	Net Charges
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
Total Equipment Repair and Maintenance			0.00

TOTAL INCOME FOR BUDGET PERIOD

A. Income for services under contract

1. Fees from Private Consumers	
2. Fees generated by contract for recipients	
3. Other federal support of contracted services	
4. State county, or municipal allocations	
5. Contributions (Itemize)	
6. Other Title XX Contracts	
7. Miscellaneous (Itemize)	
Total Income for Service(s) Under Contract	0.00

B. Income for other services provided by agency not under contract

1. From private consumers	
2. Federal monies (grants or contracts)	
3. State, county or municipal allocations	
4. Contributions	
5. Miscellaneous	
Total Other Services Income	0.00

Total Agency Income (Section A + B)	0.00
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SECTION A – AFFIDAVITS

All affidavits and forms in this section must be completed, notarized and submitted with your bid.

DELINQUENT PERSONAL PROPERTY TAX STATEMENT

(O.R.C. Section 5719.042)

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND NOTARIZED

I _____,
(NAME) (TITLE) (NAME OF COMPANY)

affirm that at the time that I submitted the bid for _____ to
BID TITLE)

the Board of Lucas County Commissioners _____ that
(DATE)

_____ was / was not charged with delinquent
(NAME OF COMPANY) (CIRCLE ONE)

Personal Property Taxes by the Lucas County Auditor.

(If Personal Property Taxes are delinquent, complete the following section)

The amount of delinquent Personal Property Taxes due Lucas County are _____
(AMOUNT)

and unpaid penalties and interest are _____.
(AMOUNT)

(SIGNATURE)

(COMPANY)

(DATE)

Sworn to and subscribed before me this _____ day of _____, 20____.

(SEAL)

(NOTARY)

My Commission Expires:

Date

NON-DISCRIMINATION AND EQUAL EMPLOYMENT OPPORTUNITY AFFIDAVIT

STATE OF _____

SS

COUNTY OF _____

_____ being first duly sworn, deposes and says that he/she is
Name

_____ of _____ the party
Title Company

that made the foregoing proposal; that such party as bidder does not and shall not discriminate against any employee or applicant for employment because of race, religion, color, sex or national origin. If awarded the bid and contract under this proposal, said party shall take affirmative action to insure that applicants are employed and that employees are treated, during employment, without regard to their race, religion, color, sex or national origin. If successful as the lowest and best bidder under the foregoing proposal this party shall post non-discrimination notices in conspicuous places available to employees and applicants for employment setting forth the provision of this affidavit.

Furthermore, said party agrees to abide by the assurances found in Section 153.54 of the Ohio Revised Code in the Contract Provisions with the Owner if selected as the successful bidder by the owner.

Signature

Affiant

Company/Corporations

Address

City/State/Zip Code

Sworn to and subscribed before me this _____ day of _____, 20____.

(Seal)

Notary

My Commission Expires:

Date